24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
United We Can	C C00523621
	<u> </u>
Check if 24-hour report 48-hour report New report Amends report file	ed on Man / Dab / Yayayay
Full Name of Payee SEIU Florida State Council	Date of Public Distribution/Dissemination
Mailing Address 14645 NW 77th Ave	10 15 2016
Suite 201	Amount
City State Zip Code	266.71
Hialeah FL 33014	Transaction ID : D368251 Date of Disbursement or Obligation
Purpose of Expenditure Canvassing Services Category/ Type 001	10 15 2016
Name of Federal Candidate Support Off	ice Sought: House District: 13
CRIST, CHARLIE JOSEPH, , ,	President Senate State: FL
Calendar Year-To-Date Per Election for Office Sought Dis 20	sbursement For: Primary
Full Name of Payee	Date of Public Distribution/Dissemination
SEIU Florida State Council	10 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 14645 NW 77th Ave	Amount
Suite 201	Amount
City State Zip Code	2133.68
Hialeah FL 33014	Transaction ID : D368252 Date of Disbursement or Obligation
Purpose of Expenditure Canvassing Services Category/ Type O01	10 / 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	fice Sought: House District:
TRUMP, DONALD J, , ,	X President Senate State:
	sbursement For: Primary General Other (specify) ☐ Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	2400.39
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not with, or at the request or suggestion of, any candidate or authorized committee or agent of eit party committee) any political party committee or its agent.	
Hudson, Gerald, , , [Electronically Filed] Date	10 16 2016
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